

Plan Of Correction (POC)

Licensee Name: _____

Group Home Type: ☐Level 1 Group Home ☐Level 2 Group Home License #: _____

Rule or Statute Citation Tag Number: _____ **ADHS Surveyor:**
☐Shawn Ryan ☐Pat Van Tassel
Date on the Statement of Deficiencies: _____ ☐Rohno Geppert ☐Don Gibson

Name and Title of the Person Responsible for Implementing this POC:

Plan To Correct the Deficient Condition On a **TEMPORARY** Basis:

Date when **TEMPORARY** Plan will be implemented _____

Plan To Correct the Deficient Condition On a **PERMANENT** Basis:

Date when **PERMANENT** Plan will be implemented _____

Monitoring Methodology to Prevent A Reoccurrence:

I, the undersigned, attest that the above Plan of Correction has been/will be implemented according to the date and details noted in the above delineated POC.

Signature of Licensee/Licensee Representative

Title

Date Signed

~ This section for ADHS use ONLY ~

This POC was ☐Approved ☐Rejected On (date) _____ by (initials): _____